|         |                    | _             |        |
|---------|--------------------|---------------|--------|
| DATELIT | <b>APPLICATION</b> | PRAINI ATIONI | DECADO |
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Effective October 1, 2000

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| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                     |             | l<br>(Colu                                | mn 2)        | SMALL ENTITY TYPE             |                              |                  | OR           | OTHER THAN SMALL ENTITY |                        |                |                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|--------------|-------------------------------|------------------------------|------------------|--------------|-------------------------|------------------------|----------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |             | 16                                        |              |                               |                              | Г                | RATE         | FEE                     | 1 1                    | RATE           | FEE                 |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                           | NUMBER FILED |                               | NUMBER EXTRA                 |                  | ВА           | SIC FEE                 | 355.00                 | OR             | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS /                                                                                                                                                                                                                                                                                                                                                                                  |             |                                           | /6 mir       | ius 20=                       | • 0                          | ^                |              | X\$ 9=                  | -"                     | OR             | X\$18=              | )                      |
| INDEPENDENT CLAIMS 2 minus 3 =                                                                                                                                                                                                                                                                                                                                                                             |             |                                           | * 6          |                               |                              | X40=             |              | OR                      | X80=                   |                |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                           |             |                                           |              |                               |                              | +                | ⊦135=        |                         | OR                     | +270=          |                     |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                                                                   |             |                                           |              | r "0" in c                    | olumn 2                      | ī                | OTAL         |                         | OR                     | TOTAL          | 710                 |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)                                                                                                                                                                                                                                                                                                                                              |             |                                           |              |                               | (Column 3)                   | s                | MALL E       | NTITY                   | OR                     | OTHER<br>SMALL |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |              | RATE                    | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total       | . 16                                      | Minus        | ** &                          | 20                           | =                | ;            | X\$ 9=                  |                        | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent | NTATION OF M                              | Minus        | PENIDEN                       | 3<br>ECLAIM                  | =                |              | X40=                    |                        | OR             | X80=                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | PINOT PRESE | INTATION OF IM                            | OLITEL DE    | FLINDLIN                      | CLAIN                        |                  | 4            | -135=                   |                        | OR             | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                           |              |                               |                              |                  | 40           | TOTAL<br>DIT. FEE       | -                      | OR             | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             | (Column 1)                                |              | (Colu                         | mn 2)                        | (Column 3)       | AU           | DII. FEE                |                        |                | ADDIT. FEE          |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | ŀ            | RATE                    | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NOW                                                                                                                                                                                                                                                                                                                                                                                                        | Total       | *                                         | Minus        | **                            |                              | =                | ,            | X\$ 9=                  | ,                      | OR             | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent | *                                         | Minus        | ***                           |                              | =                | ;            | X40=                    |                        | OR             | X80=                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE | NTATION OF MI                             | JLTIPLE DEI  | PENDEN                        | CLAIM                        |                  | +            | -135=                   |                        | OR             | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                           |              |                               |                              |                  | ADI          | TOTAL<br>DIT. FEE       |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             | (Column 1)                                |              | (Colu                         |                              | (Column 3)       |              |                         |                        | -              |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | F            | RATE                    | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total       | *                                         | Minus        | **                            |                              | =                | >            | <b>(</b> \$ 9=          |                        | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent | * INTATION OF M                           | Minus        | ***                           | T CL AIM                     | =                | \ \rac{1}{2} | X40=                    |                        | OR             | X80=                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FINOI PRESE | INTATION OF MI                            | JETTE DE     | CINDEIN                       | - CLAIN                      |                  | +            | 135=                    |                        | OR             | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                           |              |                               |                              |                  |              |                         |                        |                |                     |                        |